



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 008600002

CITY OR TOWN BELLINGHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: STAMATIA KONTOULIS

DOING BUSINESS A BELLINGHAM HOUSE OF PIZZA & PUB

ADDRESS 442 HARTFORD AVE

CITY/TOWN: BELLINGHAM

STATE: MA

ZIP CODE: 02019

MANAGER:

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ENTRY HALL LEADING TO MAIN ROOM TO THE LEFT FRONT. RIGHT REAR CONTAINS KITCHEN AND FOOD PREP AREA. RESTROOMS ON RIGHT SIDE. ONE EXIT AND ENTRANCE AT FRONT, 2 OTHER EXITS. STORAGE DOWNSTAIRS. ...adding patio of twenty seats

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATE:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 008600004

CITY OR TOWN BELLINGHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: JPM MANAGEMENT, LLC

DOING BUSINESS AS OUR KITCHEN

ADDRESS 799 SOUTH MAIN STREET UNIE#4

CITY/TOWN: BELLINGHAM

STATE: MA

ZIP CODE: 02019

MANAGER: ZOPPO,  
GWENDOLYN

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BLDG. UPPER FLOOR HAS OFFICE, RESTROOMS, STORAGE. LOWER FLOOR HAS DINING ROOMS, BAR, BOOTHS, RESTROOMS, KITCHEN. ENTRANCE AND EXIT ON SAID ST

I hereby certify and swear under penalties of perjury that:

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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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DISAPPROVED: ☐

(If disapproved explain)

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 008600007

CITY OR TOWN BELLINGHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: NIGHT TRAIN, INC.

DOING BUSINESS AS FIFTY'S LOUNGE

ADDRESS 168 MENDON ST

CITY/TOWN: BELLINGHAM

STATE: MA

ZIP CODE: 02019

MANAGER: TINIO,

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

SALVATORE J.

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ENTIRE PREMISES, INCLUDING MAIN BAR, RESTAURANT, ENTERTAINMENT ROOM, REAR KITCHEN AND BASEMENT, 2 ENTRANCES AND EXITS FACING RTE 140 TOGETHER WITH ONE SIDE ENT/EXIT AND REAR ENT/EXIT

I hereby certify and swear under penalties of perjury that:

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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(If disapproved explain)

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 008600009

CITY OR TOWN BELLINGHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PETE'S BLUEBIRD INC.

DOING BUSINESS AS

ADDRESS 93 MENDON ST.

CITY/TOWN: BELLINGHAM

STATE: MA

ZIP CODE: 02019

MANAGER: CONIARIS,  
WILLIAM P.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BLDG WITH BAR, RESTROOMS, KITCHEN, 2 DINING ROOMS, OPEN TERRACE  
AND STORAGE ROOM ON FIRST FLOOR. ENT/EXIT ON SAID ST

I hereby certify and swear under penalties of perjury that:

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EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

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LICENSE NUMBER: 008600012

CITY OR TOWN BELLINGHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ANGELO SKRITAKIS

DOING BUSINESS A FAMOUS HOUSE OF PIZZA

ADDRESS 40 NORTH MAIN ST.

CITY/TOWN: BELLINGHAM

STATE: MA

ZIP CODE: 02019

MANAGER:

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

PINE HILL PLAZA, A SINGLE STORY BLDG WITH BASEMENT, ONE ROOM PLUS PATIO.  
ENT/EXIT ON NORTH MAIN ST

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 008600014

CITY OR TOWN BELLINGHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BELLINGHAM PALACE PIZZA LLC

DOING BUSINESS AS BELLINGHAM PALACE PIZZA

ADDRESS 90 PULASKI BLVD

CITY/TOWN: BELLINGHAM

STATE: MA

ZIP CODE: 02019

MANAGER: HATJOPOULOS,  
GEORGE

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE SINGLE STORY BRICK BLDG, KITCHEN AREA AND SEATING AREA. CAPACITY OF 64 PERSONS; HAVING TWO ENTRANCES ( ONE SIDE AND ONE FRONT) CUSTOMER; CENTER BACK EMPLOYEES

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 008600016

CITY OR TOWN BELLINGHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PHANTOM FOOD CORP.

DOING BUSINESS AS GRUMPY'S

ADDRESS 190 PULASKI BLVD.

CITY/TOWN: BELLINGHAM

STATE: MA

ZIP CODE: 02019

MANAGER: LAHOUSSE,  
BRIAN M.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BLDG HOUSING RESTAURANT AND LOUNGE, MAIN ENTRANCE ON SIDE OF  
BLDG. BACK ENTRANCE FROM KITCHEN

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 008600019

CITY OR TOWN BELLINGHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BELLINGHAM POST #7272 V.F.W.OF THE U.S. INC.

DOING BUSINESS A

ADDRESS 940 SOUTH MAIN ST.

CITY/TOWN: BELLINGHAM

STATE: MA

ZIP CODE: 02019

MANAGER: POWERS,  
FRANCIS S.

TYPE OF LICENSE: Veterans club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY CEMENT BLOCK BLDG WITH CONCRETE STUCCO-4 ROOMS IN FRONT OF  
BLDG AND ONE LARGE MEETING ROOM IN REAR OF BLDG, NO CELLAR. ENTRANCE AND  
EXIT ON SAID ST Outside left side of building covering family area and horseshoe pits

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 008600020

CITY OR TOWN BELLINGHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: COACHMEN'S LODGE INC.

DOING BUSINESS AS

ADDRESS 273 WRENTHAM ST.

CITY/TOWN: BELLINGHAM

STATE: MA

ZIP CODE: 02019

MANAGER: DECELLES,  
NORMAN L.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

UPPER FLOOR HAS KITCHEN, ASSEMBLY HALL, DINING ROOM, BAR, RESTROOMS AND 2 COATROOMS. DOWNSTAIRS HAS SERVICE BAR, KITCHEN, DINING HALL. ENTRANCE AND EXIT ON SAID STREET. EXT OF SERVICES- ADDITION OF OUTSIDE DECK AND BAR. ALSO EXTENDED ON GROUNDS IN BACK OF BUILDING

I hereby certify and swear under penalties of perjury that:

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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



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**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 008600021

CITY OR TOWN BELLINGHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PRIMAL PATEL

DOING BUSINESS A BELLINGHAM GROCERY STORE

ADDRESS 19 NORTH MAIN STREET

CITY/TOWN: BELLINGHAM

STATE: MA

ZIP CODE: 02019

MANAGER:

TYPE OF LICENSE: Package Store

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2000 SQ FT STORE WITH STREET ENTRANCE FROM ROUTE 126. ONE FLOOR WITH FRONT  
AND REAR ENTRANCE

I hereby certify and swear under penalties of perjury that:

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 008600022

CITY OR TOWN BELLINGHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: JAY JALARAM BAPA CORPORATION

DOING BUSINESS AS LARRY'S PACKAGE STORE

ADDRESS 264 N MAIN STREET

CITY/TOWN: BELLINGHAM

STATE: MA

ZIP CODE: 02019

MANAGER: PATEL, Priti S

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SINGLE STORY BLDG HAVING SALES ROOM & STORAGE ROOM. CONCRETE SLAB WITH NO CELLAR. SALES ROOM HAS A REAR EXIT. STORAGE ROOM HAS ONE EXIT DOOR TO LOADING PLATFORM AND ONE DOOR TO TRASH STORAGE. SALES ROOM USED FOR GROCERY SALES

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
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3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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LOCAL LICENSING AUTHORITY

By:

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**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 008600023

CITY OR TOWN BELLINGHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ST. MARY & ST. MEKERO, CORP

DOING BUSINESS AS 7-ELEVEN

ADDRESS 417 PULASKI BLVD.

CITY/TOWN: BELLINGHAM

STATE: MA

ZIP CODE: 02019

MANAGER: EMAD ASAAD

TYPE OF LICENSE: Package Store

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

MINI SUPERMARKET, FULL DELI, PRODUCE, LOTTERY. DOUBLE DOOR FRONT-  
ENTRANCE/EXIT BACK STORAGE ROOM EXIT. TWO DOORS FROM STORE LEADING TO  
BACK EXIT.

I hereby certify and swear under penalties of perjury that:

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3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

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**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 008600024

CITY OR TOWN BELLINGHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: S & H VARIETY, INC.

DOING BUSINESS AS BOB'S BAKE-N-BEVERAGE

ADDRESS 220 PULASKI BLVD.

CITY/TOWN: BELLINGHAM

STATE: MA

ZIP CODE: 02019

MANAGER: PATEL, JAİMİNİ

TYPE OF LICENSE: Package Store

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SINGLE STORY BLDG WITH DISPLAY AREA, WALK IN COOLER WASHROOMS. ENTRANCE  
AND EXIT ON SAID STREET

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
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SIGNED BY

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DATE:

TELEPHONE NUMBER:

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**OFF-PREMISESLICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 008600026

CITY OR TOWN BELLINGHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: VETS PACKAGE STORE, INC.

DOING BUSINESS AS

ADDRESS 240 S MAIN STREET

CITY/TOWN: BELLINGHAM

STATE: MA

ZIP CODE: 02019

MANAGER: REMILLARD,  
ALAN K.

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY FRAMED BLDG WITH FRONT ROOM FOR DISPLAY. SALES ROOM AND  
STORAGE IN REAR WITH OFFICE AND LAV. ONE FRONT ENTRANCE AND SIDE  
ENTRANCE FOR DELIVERY. ENTR/EXIT ON SAID STREET

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

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Individual, Partner or Authorized Corporate Officer

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EMPLOYER IDENTIFICATION NUMBER:

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 008600027

CITY OR TOWN BELLINGHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: HILLTOP FARMS, INC.

DOING BUSINESS AS

ADDRESS 201 PULASKI BLVD

CITY/TOWN: BELLINGHAM

STATE: MA

ZIP CODE: 02019

MANAGER: GURWITZ,  
STEPHEN

TYPE OF LICENSE: Package Store

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

CONVENIENCE STORE, APPROX 1500 SQ FT MAIN ENTRANCE IN FRONT, SIDE ENTRANCE  
TO THE LEFT OF BLDG.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



*The Commonwealth of Massachusetts*  
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**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 008600028

CITY OR TOWN BELLINGHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: S & B BENDER, INC.

DOING BUSINESS AS DENNY'S WAREHOUSE LIQUORS

ADDRESS 110 PULASKI BLVD.

CITY/TOWN: BELLINGHAM

STATE: MA

ZIP CODE: 02019

MANAGER: BENDER, BRIAN E. TYPE OF LICENSE: Package Store CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SINGLE STORY BLDG DIVIDED INTO 2 ROOMS. ADDITION CONSISTS OF A NORTHERN ENTRANCE AND 2800 SQ FT FOR RETAIL SALES AND 2000 SQ FT STORAGE WITH SECOND FLOOR OFFICES. ENT/EXIT ON SAID STREET

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 008600032

CITY OR TOWN BELLINGHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BELLINGHAM SPORTSMAN'S CLUB, INC

DOING BUSINESS AS

ADDRESS 360 LAKE ST

CITY/TOWN: BELLINGHAM

STATE: MA

ZIP CODE: 02019

MANAGER: LEAVITT, DAVID TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SINGLE STORY BLDG WITH THREE ENT AND EXITS, LOUNGE, KITCHEN, FUNCTION ROOM STORAGE ROOM AND UTILITY AREA fenced in area at the rear of building

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 008600036

CITY OR TOWN BELLINGHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: UNO RESTAURANTS, LLC

DOING BUSINESS AS Uno Chicago Grill

ADDRESS 205 HARTFORD AVE

CITY/TOWN: BELLINGHAM

STATE: MA

ZIP CODE: 02019

MANAGER: TARNUZZER,  
JOHN

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ALTER PREMISES BY ADDING A TWENTY SEAT PATIO AND EXTENDING ALL ALCOHOL LICENSE.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



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**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 008600038

CITY OR TOWN BELLINGHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SGBSYP LLC

DOING BUSINESS AS FIELDS WINE & SPIRITS

ADDRESS 116 MECHANIC ST

CITY/TOWN: BELLINGHAM

STATE: MA

ZIP CODE: 02019

MANAGER: PATEL, KUNAL

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

3200 SQ FT STORE WITH ONE OPEN PANE GLASS DOOR WHICH WILL BE BOTH ENT/EXIT.  
ADDITIONAL STEEL DOOR AT REAR OF STORE. 2 ROOMS, STORE AND OFFICE.  
RESTROOMS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 008600039

CITY OR TOWN BELLINGHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: OUTBACK STEAKHOUSE OF FLORIDA,LLC

DOING BUSINESS AS OUTBACK STEAKHOUSE

ADDRESS CROSSROADS SHOPPING CTR

CITY/TOWN: BELLINGHAM

STATE: MA

ZIP CODE: 02019

MANAGER: MORALES,STEPH ANIE M.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY UNIT CONTAINING APPROX 6468 SQ FT. PREMISE CONTAINS DINING ROOM, KITCHEN, 2 PUBLIC RESTROOMS, ONE ENTRANCE AND EXIT IN FRONT. ONE ENTRANCE AND EXIT ON SIDE AND ONE EMERGENCY EXIT TO REAR OF THE PREMISE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 008600041

CITY OR TOWN BELLINGHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PATRIOT'S BAR AND GRILLE, INC.

DOING BUSINESS AS

ADDRESS 15 NORTH MAIN STREET

CITY/TOWN: BELLINGHAM

STATE: MA

ZIP CODE: 02019

MANAGER: LORI, DAVID A.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

BUILDING C, UNITS 10,11 AND 12. ONE STORY STRIP MALL WITH FRONT ENTRANCE AND REAR EXIT

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

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By:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 008600042

CITY OR TOWN BELLINGHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PEPPER DINING INC.

DOING BUSINESS AS CHILI'S GRILL & BAR

ADDRESS CHARLES RIVER CENTER

CITY/TOWN: BELLINGHAM

STATE: MA

ZIP CODE: 02019

MANAGER: DILLON, MATHEW TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

6300 S/F MASONRY & STEEL STRUCTURES. OUTSIDE CAFE WITH EXTENSION OF ALL ALCOHOL LIQUOR LICENSE TO THIS AREA.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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*Alcoholic Beverages Control Commission*  
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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 008600043

CITY OR TOWN BELLINGHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PJZ SPIRITS, INC.

DOING BUSINESS AS LEGACY GRILLE

ADDRESS 30 LOCUST ST.

CITY/TOWN: BELLINGHAM

STATE: MA

ZIP CODE: 02019

MANAGER: MICHAEL J.  
ZAZZA

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 008600044

CITY OR TOWN BELLINGHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BAMBOO EXPRESS, INC.

DOING BUSINESS AS

ADDRESS 15 NORTH MAIN STREET

CITY/TOWN: BELLINGHAM

STATE: MA

ZIP CODE: 02019

MANAGER: YU MO, YING

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

UNIT 6 & 7 - COMMERCIAL SPACE OF APPROX. 2500 S/F; FLAT ROOF, GLASS WINDOWFRONT. TWO EXITS AND ONE ENTRANCE.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

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By:

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DATE:

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APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)





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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 008600045

CITY OR TOWN BELLINGHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: TENCHI INC.

DOING BUSINESS AS TENCHI SUSHI

ADDRESS 254 HARTFORD AVENUE

CITY/TOWN: BELLINGHAM

STATE: MA

ZIP CODE: 02019

MANAGER: CHEUNG, YINTEE TYPE OF LICENSE: Restaurant

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

PREMISES CONSISTS OF MAIN FLOOR AND ATIC KITCHEN ON ONE SIDE, RESTAURANT  
ON OTHER. TWO EXITS, BASEMENT WITH THREE EXITS, AND FENCED IN PATIO AREA

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 008600048

CITY OR TOWN BELLINGHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: V. B. VARIETY INC.

DOING BUSINESS AS LUKOIL MINI-MART

ADDRESS 1052 SOUTH MAIN ST.

CITY/TOWN: BELLINGHAM

STATE: MA

ZIP CODE: 02019

MANAGER: PATEL, BHAVESH TYPE OF LICENSE: Package Store  
A.

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

CONVENIENCE STORE WITH MAIN ENTRANCE AND AN EXIT ON THE SIDE OF THE  
STORE.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



*The Commonwealth of Massachusetts*  
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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 008600050

CITY OR TOWN BELLINGHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: C.J.P., RESTAURANT CORP.

DOING BUSINESS AS VERCELLIS

ADDRESS 160 PULASKI BLVD.

CITY/TOWN: BELLINGHAM

STATE: MA

ZIP CODE: 02019

MANAGER: SHKRELI,  
KENNETH

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FREE STANDING ONE STORY BLVD. APPROX. 2,100 SQ. FT. 3 INDIVIDUAL ENTRANCES AND / OR EXITS IN THE MAIN DINING AREA & 2 ADDITIONAL ENTRANCES AND / OR EXITS IN THE KITCHEN AREA TO THE REAR OF THE BLVD.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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Please Check Below:

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
*239 Causeway Street*  
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[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 008600051

CITY OR TOWN BELLINGHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: Hunan Kitchen Inc

DOING BUSINESS AS

ADDRESS 799 S Main St

CITY/TOWN: BELLINGHAM

STATE: MA

ZIP CODE: 02019

MANAGER: Chang, Chi-Ming

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

**DESCRIPTION OF LICENSED PREMISES:**

One floor brick with glass front bldg consisting of approx 1800 sq ft, kitchen, service bar and dining area.  
Front and rear entrance

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 008600052

CITY OR TOWN BELLINGHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ZIO PAOLO'S INC

DOING BUSINESS AS RISOTTO'S RESTAURANT

ADDRESS 191 Mechanic St

CITY/TOWN: BELLINGHAM

STATE: MA

ZIP CODE: 02019

MANAGER: WINSHMAN,PAUL TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

approx 5000 sq ft. rest and bar area, adding 34 seat patio & extending all alcohol license to this area.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 008600054

CITY OR TOWN BELLINGHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: STELLA DI ITALIA INC.

DOING BUSINESS AS

ADDRESS 799 SOUTH MAIN STREET UNIT #3

CITY/TOWN: BELLINGHAM

STATE: MA

ZIP CODE: 02019

MANAGER: GRACEFFA,  
SALVATORE J.

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SMALL REST. WITH 11 TABLES AND L SHAPED BAR. 46 OCCUPANCY 38 SEATS. LOCATED  
IN A RETAIL STRIP MALL AND WITH FRONT ENT. ON STRIP MALL SIDE AND REAR ENT. IN  
BACK OF KITCHEN 2 BATROOMS 1 LADIES 1 MENS DIN IN AND TAKE OUT AND  
DELIVERY PIZZA, SUBS, ITALIAN MEATS.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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\_\_\_\_\_

DATE:

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*Alcoholic Beverages Control Commission*  
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**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 008600055

CITY OR TOWN BELLINGHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: GATEWAY LIQUOR CENTER, INC

DOING BUSINESS AS

ADDRESS 3 MECHANIC ST

CITY/TOWN: BELLINGHAM

STATE: MA

ZIP CODE: 02019

MANAGER: KHOURY,  
ANTOINE

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1950 SF WITH 3 ENTRANCES AND EXITS, FULLY ALARMED WITH SPINKLER, FIRE AND SECURITY

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 008600056

CITY OR TOWN BELLINGHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BISON BURGER, INC.

DOING BUSINESS AS

ADDRESS 191 MECHANIC STRRT, UNIT #9

CITY/TOWN: BELLINGHAM

STATE: MA

ZIP CODE: 02019

MANAGER: WINSHMAN, PAUL TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2500 SQ. FT. STAND ALONE BUILDING RETAIL SPACE WITH SEATING FOR 75 PEOPLE.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 008600057

CITY OR TOWN BELLINGHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: M & C INDUSTRIES, INC

DOING BUSINESS AS DOUGLAS WINE & SPIRITS, BELLINGHAM

ADDRESS 280 HARTFORD AVE

CITY/TOWN: BELLINGHAM

STATE: MA

ZIP CODE: 02019

MANAGER: DUPONT, BENJAMIN  
N L.

TYPE OF LICENSE: Package Store CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

A 4625 SQ FT RETAIL SPACE LOCATED IN STALLBROOK MARKETPLACE. UNIT HAS 2 ENTRANCES/EXITS; ONE IN FRONT FOR CUSTOMERS AND ONE IN BACK FOR DELIVERIES

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE: